

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**Postmark Date: 6-17-99

L. Supp

**1990989**# 5565  
\$ 10.00  
KSD

66 JUN 18 PM 1:45

1. NAME Robin Dan A.  
Last First MI2. BUSINESS PHONE 504-893-09063. BUSINESS ADDRESS 81125 Hwy. 1129  
Street and No. City State Zip4. EMPLOYER Robin & Associates5. EMPLOYER'S ADDRESS 81125 Hwy. 1129 Covington, LA 70435  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Hollywood Park Inc.Address 1050 S. Prairie Ave. Inglewood CA 90301

Business or purpose \_\_\_\_\_

☒ New RepresentationDoes this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

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SUPPLEMENTAL REGISTRATION FORM

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2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

State of Louisiana

Parish of St. Tammany

Before me, the undersigned authority, personally came and appeared Dan A. Robin, who,  
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Dan A. Robin  
Signature of Lobbyist

Sworn to and subscribed before me on this 16 day of Jan, 1999.

John D. Ward  
Notary Public